## L22 000 087219

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
,	_	
Special Instructions to	Filing Officer:	
<del></del>		<del></del>

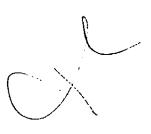
Office Use Only



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2022 SEP -6 PH I2: 34



## COVER LETTER

Division of Corporations  FOOD & HOSPITALITY LL	IC	
SUBJECT:	ame of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	this matter to the following:	
MONICA USCATEGUI		
Name of Person		
GREENLIGHT FINANCIAL		207
Firm/Company	<del></del>	72 SE
7480 BIRD RD STE 810		2022 SEP -6
Address	() () ()	PH
MIAMI, FL 33155		PH 12: 34
City/State and Zip Code		-
MUSCATEGUI@GREENLIGHTFINAM	NCIAL.NET	
E-mail address: (to be used for future an	nnual report notification)	
For further information concerning this matter	er, please call:	
MONICA USCATEGUI	305 860-5970	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: FOOD & HOS	SPITAL	ITY LLC				
2.	(a) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)					
3.		02/23/2022  Date of filing/registration in Florida	_ - 4.	L220000	87219 Document nun	ıber		
_	(-X	FELIPE ISAZA GARCIA						
5. (a)		Registered Agent and Registered Office shown on the records of the Florida Dept. of State  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  9751 SW 152ND ST B 606			- e: -	·	2022 SEP	
		MIAMI ,FL	33157	·	_	1:	P 6	 
ı	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	2) - 127	PH 12: 34	
		NEW Registered Office Address:			_			
		2100 SW 8TH STREET SUITE 104			<del>_</del>			
		MIAMI, FL_	33135		-			
the age was	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cley of organization or the operating agreement of the	the reginability confirmation the limited limi	stered offic ompany, it i lited liabilit liability cor	e and the busine is hereby confiri by company or a npany.	ess office ned that	of the	registered nge(s)
	ianut	treaff a member of a authorized representative of a member	FE	LIPE ISAZ	ZA GARCIA  Printed or typed i	noma of sie	(5.00)	
I h pro the to n not	ereb visio obli nere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a charge in the registered office address. I have in the properties of this charge.	ee to aci perform I for in ( iereby c	in this cap ance of my Chapter 602 onfirm that	oocity I further	noree to	.comnls	with the nd accept eing filed us been